

# State of Alaska SBIR/STTR Grant Program Application

Fiscal Year 2023
July 1, 2022 – June 30, 2023

State Grant Funds for Federal Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) Grantees

## **Applicant Information**

Applicant Name (First and Last)			
Applicant Title (Relationship to Applicant			
Business)			
Applicant Phone Number			
Applicant Email Address			
Is the applicant listed above authorized to	Yes	No	
obligate the business?		NO	
If no, name the company officer			
authorized to obligate the business			

### **Business Information**

Business Legal Name	
Business DBA Name (if different from Legal	
Name)	
Business Mailing Address	

Business Physical Address	
Tax ID Number (EIN/TIN)	
AK Business License Number	
Business Structure	
State of Incorporation	
Alaska Entity Number (issued by the <u>Division</u>	
of Corporations, Business, and Professional	
<u>Licensing</u> )	
SAM.gov Unique Entity ID (UEI)	
Industry (NAICS code)	
Number of Years in Business	
Number of Years in Business in Alaska	
<b>Current Number of Employees</b>	
Briefly describe the business and products/se	rvices currently offered. (1,000 character limit)

# **Federal SBIR/STTR Award Information**

Awarding Federal Agency	
Type of Project	SBIR STTR
If STTR project, provide name of partner research institution	
Phase of Project	Phase I Phase II
Project Term (Start and End Date)	
Amount of Federal Funding Awarded	
Amount of Federal Award Expended to Date	
Title of Project (120 character limit)	
Project Abstract (1,000 character limit)	
Describe in layman's terms the technology be	ing researched and/or developed with federal
award. (1,000 character limit)	6

# **Alaska SBIR/STTR Grant Information**

Describe the significance that Alaska SBIR/ST	TR Grant funding would have on the ov	erall
project. (1,000 character limit)		
Describe the overall significance of the SBI	R/STTR project topic to Alaska in term	s of
economic priorities and needs. (1,000 character li	imit)	
Would a state grant be used to leverage	Yes No	
If so, how much?		
II SO, HOW HILLEN:		
Describe the activities that will be conducted	with State grant funding /1 000 character lim	i+\
Describe the activities that will be conducted	with State grant funding. (1,000 character init	11.)

Using the *Use of Funds Budget Sheet*, provide a breakdown of how State grant funds will be used and justification for each budget item. (Note: Provided budget should total to \$25,000, which is the highest award available for a Phase I project and the initial award amount available for a Phase II project)

Attach completed Use of Funds Budget Sheet to application submittal.

Indicate whether you are interested in a supplemental award if the Department has funding remaining after all awards have been made. (Note: If yes, the Department will contact you after the May 15 application deadline. You will be asked at that time to provide a budget and explanation of activities to be undertaken with additional funding.)

Yes No

# **Required Documentation**

Be sure to attach the following documents to the email when submitting your application.

Use the naming convention *Business Name\_Document* for File Name, using abbreviations if necessary. For example: *XYZ Business\_Budget Sheet* or *XYZ Business\_Fed. Award Compliance*.

Document	File Name	Attached to Application Email?
Use of Funds Budget Sheet		
Copy of Alaska business license		
Certificate of Compliance from the Division of Corporations, Business, and Professional Licensing		
Copy of Business Articles of Incorporation or Articles of Organization		
Full detail sheet showing active registration status in SAM.gov		
Federal SBIR/STTR Award proposal. This		
should include Project Summary, Research		
Proposal, Budget, Project Team Description,		
and Commercialization Plan, if applicable.  Federal SBIR/STTR Award letter		
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Federal Award Agreement associated with the SBIR/STTR Award		
Documentation from participating federal agency stating compliance with all SBIR/STTR Award requirements		

### Submittal

By submitting this application, you make the following representations, authorizations, and certifications on behalf of yourself and the applicant business:

- ✓ I am the business owner or an authorized third party for the business.
- ✓ I am not engaged in any activity that is illegal under Federal, State, or Local law.
- ✓ I certify that this business is currently in operation and intends to stay in operation indefinitely.
- ✓ I certify that this business is an Alaska-based business and intends to remain an Alaska-based business throughout the duration of this grant.
- ✓ I certify that at least fifty-one percent (51%) of the activities conducted under this grant will be performed in Alaska.
- ✓ I certify that this business or business owner is not presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in a grant program by any Federal department or agency.
- ✓ I certify that this business or business owner is not presently a debtor in any pending bankruptcy and has not filed for bankruptcy in last five years.
- ✓ I understand all information submitted to the Department may be subject to Alaska's Public Records Act and any information submitted that is proprietary/confidential/trade secret should be identified as confidential.
- ✓ I understand, acknowledge, and agree that the State of Alaska may request additional information from me for the purposes of determining eligibility, and that my failure to provide information requested may result in a delay or denial of a grant.
- ✓ I understand that grant funds shall be used only for the payment of eligible expenses, as defined in the Grant Agreement, that have not been claimed or paid by other forms of assistance, including the federal SBIR/STTR award, and that are in compliance with State and Federal law. I understand that if the grant funds are used for unauthorized purposes, the State of Alaska may pursue recovery of grant funds and/or any other civil relief and criminal charges.
- ✓ I agree to comply with all reporting requirements and maintain accurate records.
- ✓ I have read the statements included in this document, I understand them, and they are true and correct to the best of my knowledge, information, and belief.

Do you agree with these statements listed above?	Yes	No	
Signature	Date		